

# REQUEST TO FAX ACCOUNT INFORMATION

Retirement Systems of Alabama  
P. O. Box 302150 ♦ Montgomery, AL 36130-2150  
334.517.7000 or 877.517.0020  
www.rsa-al.gov

Direct to the Attention of: \_\_\_\_\_  
(Member Services or a Specific Agent Name)

RSA Fax Numbers: 877.517.0021 or 334.517.7001

## PART I MEMBER INFORMATION

Applicable Accounts:  ERS  TRS  JRF  PEEHIP  RSA-1

Printed Name: \_\_\_\_\_  
First Middle Last

Last 4 digits of Social Security No. \_\_\_\_\_ or Retirement/Insurance Acct # (PID): \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

## PART II INFORMATION REQUESTED

- |  |  |
|--|--|
| <input type="checkbox"/> Verification of income/monthly benefit      | <input type="checkbox"/> Other: _____                                |
| <input type="checkbox"/> Certification of retirement account balance | <input type="checkbox"/> Current year 1099R (2011)                   |
| <input type="checkbox"/> Certification of DROP account balance       | <input type="checkbox"/> Prior year 1099R: _____<br>List Tax Year(s) |

### Return Fax Instructions

Fax number (including area code): Where to send requested information
To the attention of the person named below (if applicable)
Company / agency / business name (if applicable)

### Change of Address

Street or PO Box
City State Zip code

I authorize an RSA Member Services' agent(s) to fax the above named document to the return fax number indicated. I am aware the faxed documents may contain sensitive account or personal information.

Signature \_\_\_\_\_  
(Cannot complete request without signature of member or Power of Attorney if applicable)